

# Provider Update

September 2020

Geisinger

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# Radiology authorization through HealthHelp

Applies to: All radiology providers and non-Geisinger ordering providers

Plan(s): All plans

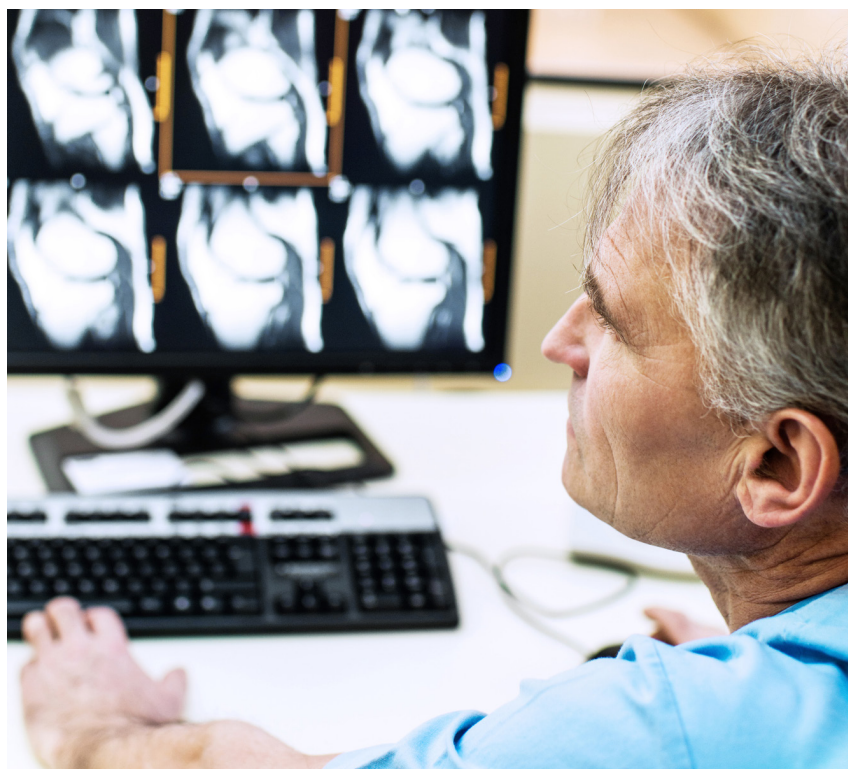
Geisinger Health Plan has implemented a consultative authorization program for high-end radiology services as of Sept. 1, 2020. Specialty benefit management company HealthHelp now administers consultative authorization for Geisinger Health Plan to improve quality, reduce the cost of care and ensure members receive clinically appropriate and medically necessary services.

All requests for CT, CTA, MRI, MRA and PET scans should go through HealthHelp — except for services rendered in an emergency or inpatient setting. Services ordered before Sept. 1, 2020, will not need authorization through HealthHelp.

Find a complete list of associated procedure codes requiring authorization at [HealthHelp.com/geisinger](https://HealthHelp.com/geisinger). Without a HealthHelp authorization, any claims for these services requested after Sept. 1, 2020, will be denied.

## Learn more

- Read our provider [Operations Bulletin](#) available at the Geisinger Health Plan page on NaviNet.
- Register for a system demonstration webinar hosted by HealthHelp to learn more about how the authorization process will work. Visit the [Radiology Authorization page](#) on the For Providers section of our website to register.
- Visit [HealthHelp.com/geisinger](https://HealthHelp.com/geisinger) to enroll in the authorization request and verification web application. For more information, email [RCSupport@HealthHelp.com](mailto:RCSupport@HealthHelp.com) or call 800-546-7092 today.



## Where to find updates about our COVID-19 response

Applies to: All providers

Plan(s): All plans

As the COVID-19 pandemic continues to evolve, stay up to date with the measures Geisinger Health Plan has put in place to help slow the spread of the virus and mitigate its effects on members. Visit our [coronavirus information for providers page](#) for the latest.

## What to watch for

- Geisinger Health Plan's member sharing waiver for in-network telehealth services is set to expire October 1, 2020. Other existing cost share waivers put into place in response to the coronavirus outbreak will remain in place until further notice.
- Geisinger Health Plan covers COVID-19 antibody testing for members with the following indications:
  - A member with symptoms consistent with COVID19 infection and multiple negative PCR tests to COVID-19; or
  - A member who has recovered from a documented COVID19 infection and is now considering plasma donation; or
  - A child with suspected Multisystem Inflammatory Syndrome in Children (MIS-C)

Antibody tests for members must be ordered by a treating clinician. Member cost-sharing for antibody tests is waived until further notice.



## In-home colorectal screenings save lives

Applies to: All providers

Plan(s): Geisinger Gold

Colorectal cancer is the third most common cancer according to the American Cancer Society. It's expected to cause as many as 53,200 deaths in 2020. But a simple in-home test can help save lives.

In early August, we began sending your Geisinger Gold patients test kits for in-home colorectal cancer screening at no cost. We're sending 14,644 kits in total. The kits contain all the supplies needed to complete the screening from the privacy the patient's home. They can continue to take current medications and do not have to change diet or fast before completing the test kit. Once all the instructions for the kit are completed, the patient sample is mailed back in the pre-paid return envelope.

You and your Geisinger Gold patient will both receive the results of the test so you can discuss any potential follow-up that may be necessary.

Contact the GHP quality and assurance team at 866-847-1216 or your GHP provider account manager at 800-876-5357 if you have questions about our colorectal screening initiative.

## Byram Healthcare no longer provides DME for dual eligible Geisinger Gold Secure RX patients

Applies to: All providers

Plan(s): Geisinger Gold Secure RX

Starting October 1, 2020, Byram Healthcare will no longer provide durable medical equipment (DME) services to Geisinger Gold Secure RX (HMO D-SNP) members. If your Geisinger Gold Secure RX patients continue to use Byram Healthcare after that date, they may be billed for a portion of their durable medical equipment or supplies.

We've contacted effected members who receive their diabetic supplies and other DME from Byram Healthcare. We'll also be reaching out to their primary care providers to help coordinate care.

We're recommending Home Care Delivered for Geisinger Gold Secure RX members' future DME needs. We've instructed members to contact their primary care or Home Care Delivered as soon as possible to make this change and avoid running out of supplies. Home Care Delivered has a dedicated new customer team to help your patients. They can be reached at 866-938-3906, weekdays from 8 a.m. to 6 p.m.

If you have any questions about your Geisinger Gold Secure RX patient's benefits please call the Geisinger Gold Customer Care Team at 800-498-9731 (TTY 711), Monday through Friday from 8 a.m. to 8 p.m. and Saturday 8 a.m. to 2 p.m.

# U.S. Preventive Services Task Force recommendations

Applies to: All providers

Plan(s): All plans

Evidence-based preventive services can improve health and reduce healthcare costs through early identification and effective management and treatment of conditions that can become more dangerous if left unchecked.

The Patient Protection and Affordable Care Act requires that insurers like Geisinger Health Plan cover preventive care services at no cost to members\*. Members have no cost-sharing responsibility when preventive services are rendered by an in-network provider. Cost-sharing for preventive services received from out-of-network providers, or for non-preventive services received in conjunction with a preventive services visit may still apply.

Visit U.S. Preventive Services Task Force on the web to stay familiar with the latest preventive service recommendations.

\*Some grandfathered plans may remain exempt from this requirement.

## Geisinger Health Plan ranked best health plan in Pennsylvania by J.D. Power

Applies to: All providers

Plan(s): All plans

We're proud to be ranked the best health plan in Pennsylvania in the J.D. Power 2020 U.S. Commercial Member Health Plan Study of customers' satisfaction with their commercial health plan.

The study, now in its 14th year, measures satisfaction among members of 149 health plans in 21 regions throughout the United States.

"This award is further demonstration — directly from our members — that GHP provides outstanding customer service," said Kurt Wrobel, GHP's president and chief executive officer. "Answering questions quickly and accurately, communicating clearly and providing coverage at competitive prices are all areas where we strive to do well every day. Thanks to our employees who provide this high level of service."

Six key factors are examined through the study, including billing and payment, cost, coverage and benefits, customer service, information and communication, and provider choice. The study also measures several other key aspects of the experience and member engagement.

We achieved the highest score in the following factors:  
Cost, Information and Communication, Billing and Payment.



**For J.D. Power 2020 award information, visit [jdpower.com/awards](https://www.jdpower.com/awards).**

**The monthly *Provider Update* is published by Geisinger Health Plan and serves as an informational resource for the provider network. This update and more resources are available on NaviNet.**

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.



# You may hear from Change Healthcare and SCIO Health Analytics® about claims

Applies to: All providers Plan(s): All plans

Geisinger Health Plan (GHP) is collaborating with Change Healthcare and SCIO Health Analytics® to implement new solutions designed to assist providers with billing accuracy and to enhance GHP claims processing. Providers may receive important correspondence and other information from them regarding GHP claims.

## Change Healthcare

Change Healthcare's Coding Advisor reviews GHP historical claims data to proactively identify outlier billing practices. Change Healthcare will contact identified outlier providers and provide useful data insights and education with the objective of facilitating coding and billing accuracy at the pre-claim stage. Coding Advisor aims to maximize coding efficiency and accuracy and reduce the burdens associated with traditional audits.

## SCIO Health Analytics®

SCIO's post-pay auditing involves retrospective provider-focused reviews for compliance with coding, documentation, medical necessity, contractual and other regulatory requirements. SCIO's efforts will supplement existing post-pay audit activities by GHP.



## Help prevent pediatric tooth decay! We can teach you how. Call to schedule your free on-site presentation.

Applies to: Primary care providers

Plan(s): All plans

**Early Childhood Caries (ECC) is the most common pediatric infectious disease.**

During your free presentation, you'll learn how to prevent tooth decay in your young patients. The presentation focuses on the prevention of cavities in patients under age 5 and is approved for AMA PRA Category 1 Credit™.

What you'll learn:

- How to apply fluoride varnish to prevent tooth decay
- How to bill appropriately and increase reimbursement
- How to implement Bright Futures Oral Health recommendations

**Call your account manager at 800-876-5357 to arrange your on-site presentation today.**

## Requesting GHP Family authorization for medications on the statewide preferred drug list

Make sure your requests are complete. Use state-approved authorization forms for stimulants and related agents, opioid analgesics, biologics and other medications that require authorization.

Applies to: Prescribing providers

Plan(s): GHP Family

Make sure your authorization requests are received and processed efficiently. Use the DHS-approved statewide PDL pharmacy authorization request forms — available on the [Pharmacy Forms](#) page and NaviNet — when prescribing medications to your GHP Family patients.

Submit your completed authorization requests through PromptPA or fax to Geisinger Health Plan at 570-271-5610 with the required clinical documentation.



## EVV for your GHP Family patients starts November 1, 2020

**Stay tuned for more information and prepare to complete Electronic Visit Verification (EVV) for personal care services provided to GHP Family members 21 and under.**

Applies to: Home Health providers

Plan(s): GHP Family

In accordance with the 21st Century Cures Act, EVV will be required when personal care services (PCS) are provided to any Pennsylvania Medical Assistance beneficiary age 21 and under. The Cures Act requires that EVV systems must collect and verify the following six items:

- PCS performed;
- Name of patient who receives PCS;
- Date of PCS;
- Location of PCS;
- Individual who provides the PCS; and
- Time the PCS begins and ends.

The Pennsylvania Department of Human Services expects home health providers and Medical Assistance MCOs to begin reporting this information on November 1, 2020. GHP Family claims for PCS services with dates of service on and after January 1, 2021, that are not verified through EVV will be denied.

In the coming weeks, we'll share additional details about how our EVV solution will work, what will be needed for claims to process correctly and more.

# Formulary and policy updates

Visit Geisinger Health Plan on NaviNet today to view new, revised and recently reviewed medical and pharmaceutical policies, as well as the latest clinical guidelines, formulary changes and drug recalls. Updates may affect prior authorization. The most current prior authorization list is also available on NaviNet. Clinical guidelines, formulary and medical policy information are also available in the *For Providers* section at GeisingerHealthPlan.com. Printed copies are available upon request.

## Medical policy update

GHP uses medical policies as guidelines for coverage decisions made within the insured individuals written benefit documents. Coverage may vary by line of business. Providers and members are encouraged to verify benefit questions regarding eligibility before applying the terms of the policy. [Click here for updates.](#)

**The new and revised medical policies listed below go into effect September 15, 2020:**

- MP001 Neuromuscular and Functional Electrical Stimulation (NMES)(FES) – **Revised** – Edited title; added exclusion
- MP010 Blepharoplasty – **Revised** – Added canthoplasty/canthopexy coverage
- MP048 Surgical and Minimally Invasive Therapies for the Treatment of BPH – **Revised** – Revised urolift criteria
- MP063 Acupuncture – **Revised** – Added medicaid coverage
- MP114 Vertebroplasty and Percutaneous Kyphoplasty – **Revised** – Added medicare coverage citation
- MP268 Elective Laminectomy – **Revised** – Removed prior authorization
- MP269 Elective Spinal Fusion – **Revised** – Removed prior authorization
- MP299 Measurement of Serum Antibodies to Infliximab, Adalimumab, Ustekinumab and Vedolizumab – **Revised** – Revised title; added exclusion
- MP336 Genetic Testing for Inherited Thrombophilia/ Hypercoagulability – **New**
- MP338 COVID19 Antibody Testing – **New**

**The new and revised medical policies listed below go into effect October 15, 2020:**

- MP151 Epidural Steroid Injection – **Revised** – Specify medicare coverage criteria
- MP322 Drug Testing in Substance Abuse Treatment – **Revised** – Updated frequency limits
- MP325 Genetic Testing for Familial Hypercholesterolemia – **New**
- MP339 Irreversible Electroporation – **New**

**The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.**

- MP005 Medical Policy Process
- MP100 Electrical Bioimpedance
- MP102 Morphometric Tumor Analysis
- MP112 Wireless Capsule Endoscopy
- MP125 Cranial Remodeling Orthotic
- MP137 Vibroacoustic Therapy
- MP148 Ambulatory Cardiac Event Monitors

GHP continues to solicit physician and non-physician provider input concerning medical policies. We appreciate your feedback.

Send comments to Phillip Krebs at:  
[pkrebs@GeisingerHealthPlan.com](mailto:pkrebs@GeisingerHealthPlan.com).

# Formulary and policy updates

The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

- MP163 Thermography
- MP175 Trigger Point Injections
- MP183 Cranial Electrotherapy Stimulation
- MP185 Chemosensitivity and Chemoresistance Assays
- MP200 Osteochondral Autograft Transplant
- MP202 Interferential Stimulation
- MP206 Electrocardiographic Body Surface Mapping
- MP208 Selective Internal Radiation Therapy
- MP221 Suprachoroidal Delivery of Pharmacologic Agents
- MP234 Occipital Nerve Stimulation
- MP227 Spaced Retrieval Testing
- MP240 Dermal Injections for Treatment of Facial LDS
- MP241 Non-invasive Measurement of Advanced Glycation Endproducts
- MP246 Multigene Expression Assay for predicting Recurrence in Colon Cancer
- MP247 Nutritional Supplements
- MP266 Magnetoencephalography and Magnetic Source Imaging
- MP267 Amniotic Membrane Transplantation
- MP279 Gene Expression Testing to Predict Coronary Artery Disease
- MP283 Facet Injections
- MP291 TX1 Tissue Removal System for Ablating and Removing Tissue
- MP292 Sympathetic Nerve Block
- MP309 Computerized Dynamic Posturography
- MP327 Autonomic Testing

## Medical pharmaceutical policy updates

The new and revised medical pharmaceutical policies listed below go into effect September 15, 2020:

- MBP 59.0 White Blood Cell Stimulating Factors – **Revised**
- MBP 75.0 Stelara (ustekinumab) – **Revised**
- MBP 91.0 Yervoy (Ipilimumab) – **Revised**
- MBP 118.0 Entyvio (vedolizumab) – **Revised**
- MBP 126.0 Opdivo (nivolumab) – **Revised**
- MBP 132.0 Avycaz (cefazidime/avibactam) – **Revised**
- MBP 156.0 Imfinzi (durvalumab) – **Revised**
- MBP 182.0 Crysvisa (burosumab-twza) – **Revised**
- MBP 196.0 Ultomiris (Ravulizumab-cwvz) – **Revised**
- MBP 210.0 Reblozyl (luspatercept-aamt) – **New**
- MBP 211.0 Givlaari (givosiran) – **New**
- MBP 212.0 Adakveo (crizanlizumab-tmca) – **New**
- MBP 213.0 Sarclisa (isatuximab-irfc) – **New**
- MBP 214.0 Vyondys 53 (golodirsen) – **New**
- MBP 215.0 Recarbrio (imipenem/cilastatin/relebactam) – **New**
- MBP 218.0 Vyepti (eptinezumab-jjmr) – **New**

For questions regarding drug benefits call 800-988-4861, 8:00 a.m. to 5:00 p.m., Monday through Friday.

The following policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

- MBP 108.0 Kadcyla (ado-trastuzumab emtansine)
- MBP 115.0 Cyramza (ramucirumab)
- MBP 151.0 Spinraza (nusinersen)
- MBP 152.0 Bavencio (avelumab)
- MBP 199.0 Zolgensma (onasemnogene abeparvovec-xioi)
- MBP 200.0 Polivy (polatuzumab vedotin-piiq)